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Managing the Details of Your Practice, Made Easy

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The Ultimate Scorecard –
Your Profit & Loss Statement

2 Key Metrics to Track

Cost of Goods Sold –
Areas of Focus

Non-DVM Labor –
Tools To Measure Success







What is the Profit & Loss Statement

- Revenues LESS Expenses = Profits
- Frequency Monthly
- Timelines 10-15 days post month end



- Data for many, includes personal expenses
- Recommendation: Use 2-5 specific line items for ALL personal expenses so that it's easy to track true performance





P&L Construction



Organization or Set-Up Drives Analysis

- Expense Items NOT alphabetical
 - Not useful to group in this manner provides no good info
- Organize by major categories and sub-categories
 - For Example Cost of Goods Sold is major category
 - Line items within COGS Inside Lab, Outside Lab, Rx Diets, Parasiticides, Drugs, Medical Supplies etc.

Most Income Statements are not set up with analysis and data tracking in mind.

It is not hard to accomplish with a little work with your bookkeeper/accountant.



Track Key Categories as a % of Revenue

- \$\$ of Expense is less relevant than % of revenue
 - Cost of Goods as a % of Revenue
 - Non-DVM Labor as a % of Revenue
 - DVM Labor as a % of Revenue
- Personal vs. Business Expenses
 - Use different credit cards



P&L Set Up – Drives Understanding of the Business

TYPICAL P&L P&L - THE GOAL % \$ Current <u>Prior</u> \$ Period Period <u>Change</u> Revenues Revenues Expenses Cost of Goods Sold Advertising Gross Margin Amortization Auto Expense **Labor Costs** Bank Fees Veterinarian Costs Benefits - Employees Non-Veterinarian Costs Benefits - Owner **Employee Benefits** Consultants Drugs Real Estate Costs Other Operating Costs **Profits**



Margin

Trends and Comparisons

- Data in isolation is not meaningful
- Examine trends from Period to Period vs. Last Year
- What does the following tell us:
 - \$100,000 in profit in October
 - Non-DVM Labor was 17% last pay period
 - Revenues were up \$25,000 this month



- Profits are up \$100,000 or 15% vs. last year
- Non-DVM labor is 17% vs. 18.5% last month





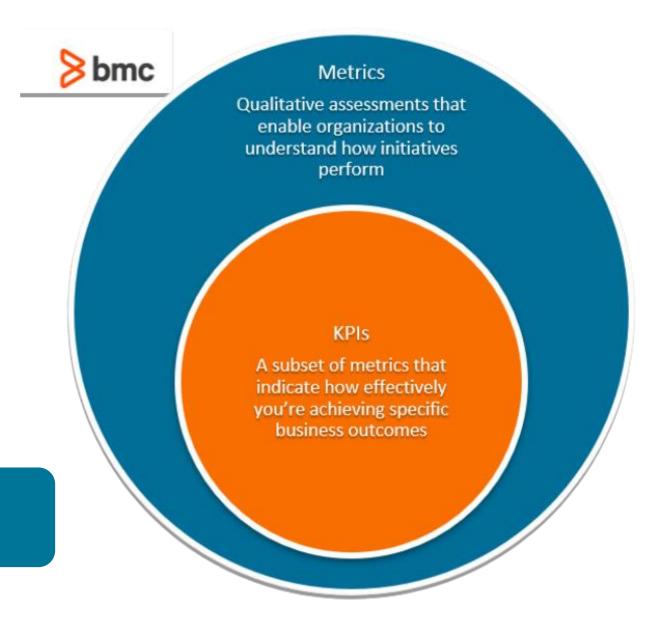


Definitions

- Metrics Help predict performance
- KPI = Key Performance Indicator, a strategic subset of metrics
- Metrics in isolation are typically not useful
- Trend/Track over time to determine progress
- Have a 'goal' in mind Industry Benchmarks



What are the key metrics / KPIs for a veterinary practice to track?





3 Hospital Metrics to Track

Monitoring these metrics will give you a sense of the revenue and profit growth trends.

These metrics will be leading indicators that will predict your P&L data and profitability.



Revenue & Invoice Growth



Average Revenue Per Invoice



Non-DVM Labor Costs as a % of Revenue





Revenue & Invoice Growth

\$ REVENUE

2021 2022 2023

% GROWTH '21 v '22 v '23

- Tracking Vs. Last Year is important due to seasonality
- Comparison Vs The Prior Month is not as relevant
- Monthly Tracking is instructive but can have wide variances
- Quarterly Tracking is the most instructive Short-Term Period to examine



- Invoice growth is 'King' lately
- Industry Invoices are down for 10 straight quarters
- Practices growing volume (not just through price) are highly valued and unique

JANUARY	 	 	
FEBRUARY	 	 	
MARCH	 	 	
APRIL	 	 	
MAY	 	 	
JUNE	 	 	
JULY	 	 	
AUGUST	 	 	
SEPTEMBER	 	 	
OCTOBER	 	 	
NOVEMBER	 	 	
DECEMBER	 	 	
TOTAL			

Quarter 1	 	 	
Quarter 2	 	 	
Quarter 3	 	 	
Quarter 4			



Average Revenue per Invoice

- Hospital as a whole
- Tracking by veterinarian
- Nuances depending on your service offerings
- Are differences by veterinarian explainable?
 - Does one Vet do more surgery? More procedures?
 - Likely will have variances among DVMs
- Comparison Vs. Benchmarks and relative to demographics
- Ensure production is tracked properly by DVM
 - Too often, over-credit the Owner

SAMPLE DATA - 5 DOCTOR PRACTICE

	<u>2019</u>	2020	<u>2021</u>	2022
Doctor 1	122.23	122.52	122.52	136.57
Doctor 2	163.15	195.02	195.02	209.96
Doctor 3	198.87	209.58	209.58	218.41
Doctor 4	165.74	162.56	162.56	172.17
Doctor 5	168.20	186.55	186.55	202.28



Year over Year changes measures price changes. Has your mix of revenue changed?





Non-DVM Payroll as a % of Revenue

- The Most Important Expense Measure
- Rarely Tracked Regularly by DVM-owned Practices, Watched like a Hawk by Corporate Groups!
- Track Every Pay Period And Trend Over Time

SAMPLE PRACTICE DATA

5/6/2023 5/20/2023 6/3/2023 6/17/2023 7/1/2023 7/15/2023 Non-DVM Payroll 43,559 48,664 45,958 45,550 46,735 44,030 211.067 Revenue 252,667 240,153 223,995 246,552 238,127 20.6% 19.3% Non-DVM Payroll as a % of Rev 20.3% 19.0% 19.1% 18.5%



Do you adjust labor when it is a slow revenue day/week? How do you do this?





Cost of Goods Sold



What is typically included in this category?

- Drugs & Medical Supplies
- Parasiticides
- Rx Diets
- Lab In-house and Reference
- Traveling Specialists (Not Per Diem DVMs)
- Crematory and Other Outsourced Services (Radiology Reads)

The most 'misunderstood' cost category.

Benchmarks are regional and primarily based on parasiticide sales.



Benchmarks vary widely by region and revenue mix

- South 25-33% is Typical
 - Higher parasiticide sales and less online pharmacy utilization
- California is Typically 20-24%
 - Higher online pharmacy adoption and lower parasiticide use

Managing your COGS

Purchasing Groups Help

- VMG, PSI, VGP And Others
- Join the Group that has the 'Best' Pricing with the Vendor(s) that Your Hospital Prefers

If No Purchasing Group, Then:

- Bundle Purchases for Parasiticides and Vaccines to Get the Best Pricing from Your Local Rep
- Negotiate
- Change Every Few Years to Get the Best Deals





Buy smartly from manufacturers to get the best value



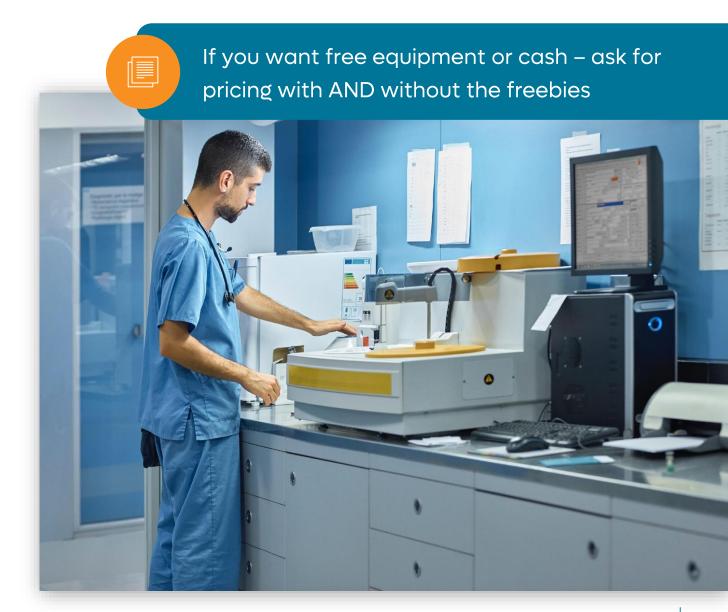
Lab Contracts

Negotiate

- As your lab agreement expires, comparison shop
- Bids from IDEXX, Zoetis and Antech ensure best pricing

Long Term Contracts

- Everyone wants them, but not in your interest
- Free equipment/cash = higher test pricing
- Annual escalators
- "Out" clause if you sell the practice





Inventory - Tips



Product Choices

- 1-2 products in each category
- Too many options is costly.
- Show 'conviction' on recommendations with clear options
- Remember, it takes only 1-2 days for product to arrive when ordered

Inventory Manager – Is there only feedback being scolded for running out of an item?

What is the likely learned behavior based on this type of feedback?



Common Mistakes

- If you don't ask, you don't ask
- "You have the 'best' pricing in my region" Reps say it all the time and it's likely not true!
- Paying for dinners / holiday parties means they are making good \$\$ on you (get better pricing)!





Labor Costs - Overview

Metric Tracking is Key (every pay period)

- Under 16% is great, is it sustainable
- 16-18% is really good
- 18-20% is okay
- 20%+ shows there is work to be done

Most Common Mistakes

- Staff is ALWAYS stressed / too busy
 - Realty some days are really stressful, others not so bad
 - Saturday is usually lightly staffed and most efficient
- Mis-match of Doctor and Staff schedules
 - Too often, staff schedule is the same each day even if doctor schedule is not.





Labor Cost Analysis Tool

IONDAY	TUESDAY
IONDAY	TUESDAY

WEDNESDAY

				DVM TO
HOURS	<u>DVMS</u>	TECHS	<u>ASSISTANTS</u>	TECH RATIO
8				#DIV/0!
9				#DIV/0!
10				#DIV/0!
11				#DIV/0!
12				#DIV/0!
13				#DIV/0!
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18				#DIV/0!
19				#DIV/0!
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					DVM TO
HC	URS	<u>DVMS</u>	TECHS	<u>ASSISTANTS</u>	TECH RATIO
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HOURS	DVMS	TECHS	ASSISTANTS	DVM TO
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20				#DIV/0!

THURSDAY

FRIDAY

SATURDAY

				DVM TO
<u>HOURS</u>	<u>DVMS</u>	TECHS	<u>ASSISTANTS</u>	TECH RATIO
8				#DIV/0!
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				DVM TO
<u>HOURS</u>	<u>DVMS</u>	<u>TECHS</u>	<u>ASSISTANTS</u>	TECH RATIO
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				DVM TO
<u>HOURS</u>	<u>DVMS</u>	TECHS	<u>ASSISTANTS</u>	TECH RATIO
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Labor Cost Analysis

MONDAY

TUESDAY

Things to Consider

- Overlapping shifts
- Hours of operation –9 vs 10 vs 12 hours
- Schedule to hospital needs vs. staff wants

				DVM TO
HOURS	<u>DVMS</u>	TECHS	<u>ASSISTANTS</u>	TECH RATIO
8	1	3	2	5.0
9	2	3	2	2.5
10	2	3	3	3.0
11	2	3	3	3.0
12	3	3	3	2.0
13	3	3	3	2.0
14	3	3	3	2.0
15	3	3	3	2.0
16	3	3	3	2.0
17	3	3	3	2.0
18	2	2	3	2.5
19	2	2	2	2.0
20	1	2	2	4.0

<u>HOURS</u>	<u>DVMS</u>	<u>TECHS</u>	<u>ASSISTANTS</u>	<u>DVM TO</u> <u>TECH RATIO</u>
8	2	3	2	2.5
9	2	3	2	2.5
10	2	3	3	3.0
11	2	3	3	3.0
12	2	3	3	3.0
13	2	3	3	3.0
14	2	3	3	3.0
15	2	3	3	3.0
16	2	3	3	3.0
17	2	3	3	3.0
18	2	2	3	2.5
19	1	2	1	3.0
20	1	2	1	3.0







Recap

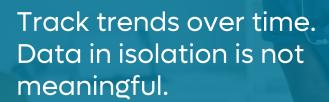


Metrics / KPIs

- Revenue growth
- Revenue per invoice trends
- Non-DVM Labor costs

Set up simple spreadsheets and monitor religiously.

P&L Construction – major categories, not alphabetical





Cost of Goods and Non-DVM Labor

- Purchasing groups or concentrate purchases
- Negotiate
- Feedback to your inventory manager don't overstock
- Non-DVM Labor: Staff-to-Doctor schedule which differs
 - Hour-by-hour analysis to find opportunities

insightful.vet Thank You!

Do you have any questions?



EverVet Networking Dinner

- 6:00 PM: Cocktail Hour
- 7:00 PM: Dinner is Served

See you there!

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